

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO

RECEIVED

SEP 16 2020

RICHARD W. NAGEL, CLERK OF COURT
COLUMBUS, OHIO

GARY W. TIPTON

(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)

IF THE PLAINTIFF IS A PRISONER: PRISONER # 764382

vs.

OHIO HEALTH GRADY MEMORIAL HOSPITAL

(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)

IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:

DR. JANE DOE

NURSE JANE DOE

2 20 CV 4843

Judge Morrison

MAGISTRATE JUDGE VASCURA

COMPLAINT

I. PARTIES TO THE ACTION:

PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.

GARY WAYNE TIPTON

NAME - FULL NAME PLEASE - PRINT

CRC

PO BOX 300

ADDRESS: STREET, CITY, STATE AND ZIP CODE

ORIENT OHIO 43146

TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS REQUIRED:

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES () NO (x)
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1. PARTIES TO THIS PREVIOUS LAWSUIT

PLAINTIFFS:

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DEFENDANTS:

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2. COURT (IF FEDERAL COURT, NAME THE DISTRICT: IF STATE COURT, NAME THE COUNTY)

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3. DOCKET NUMBER

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4. NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED

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5. DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)

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6. APPROXIMATE DATE OF THE FILING OF THE LAWSUIT

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7. APPROXIMATE DATE OF THE DISPOSITION

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CORRECTIONAL RECEPTION CENTER

- A. IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?
YES (☒) NO (☐)
- B. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE PRISONER GRIEVANCE PROCEDURE? YES (☐) NO (☐)
- C. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

EXHAUSTED ALL ADMINISTRATIVE
REMEDIES TO ASSISTANT CHIEF
INSPECTOR.

2. WHAT WAS THE RESULT?

ADVISED TO ADDRESS ISSUES WITH
HOSPITAL.

- D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT.

- E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID YOU COMPLAIN TO PRISON AUTHORITIES? YES (☐) NO (☐)

- F. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

2. WHAT WAS THE RESULT?

DEFENDANTS:

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1. OHIOHEALTH GRADY MEMORIAL HOSPITAL
NAMES - FULL NAME PLEASE
561 W. CENTRAL AVE. DELAWARE, OH 43015
ADDRESS - STREET, CITY, STATE AND ZIP CODE
2. DR. JANE DOE
561 W. CENTRAL AVE. DELAWARE, OH 43015
3. NURSE JANE DOE
561 W. CENTRAL AVE. DELAWARE, OH 43015
4. _____

5. _____

6. _____

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

AT APPROX 7:30AM ON 1-25-20 I ARRIVED AT OHIO HEALTH GRADY MEMORIAL HOSPITAL IN DELAWARE OHIO FOR MY SECOND(2ND) SUICIDE ATTEMPT IN 16 HOURS, I WAS PREVIOUSLY RELEASED FROM OSU HOSPITAL IN COLUMBUS OHIO NOT 30 MINS PRIOR FOR SAME ERRATIC, SUICIDAL BEHAVIOR IN WHICH THEY KNEW MY CONDITION AS FORCING ME TO LEAVE THE HOSPITAL WITH FOREIGN BODY (RAZORS BLADES) INSERTED IN MY ABDOMINAL CAVITY.


I WAS PLACED IN A SAFE ROOM WITH VIDEO CAMERA, ALONG WITH 5 CORRECTIONAL OFFICERS, A LT., AND MAJOR OF THE PRISON (MARION CORRECTIONAL INSTITUTE) PRESENT DUE TO THE DANGER I POSED TO MYSELF.

DR. JANE DOE AND NURSE JANE DOE CAME IN AND WAS BRIEFED AS TO THE EVENTS THATS OCCURRED OVER THE COURSE OF 16 HOURS, 3 HOSPITALS. SO DR. JANE DOE EXAMINED MY ABDOMINAL WOUND AND NEW LACERATIONS TO MY LEFT AND RIGHT WRIST AND STATED SHE WAS ORDERING A XRAY AND CONTACTING OSU HOSPITAL ABOUT SENDING ME BACK. I SAID "DR. IVE HAD(3) X RAYS AND ALL CAME BACK NEGATIVE, ONLY CATSCAN SHOWED THEM AT MARION GENERAL HOSPITAL". OFCOURSE THE X RAYS CAME BACK NEGATIVE.

SO DR JANE DOE SAID SHE WAS DISCHARGING ME

I SAID " IVE HURT MYSELF ENOUGH TONIGHT- I'M VERY SUICIDAL IF YOU MAKE ME LEAVE IN THIS CONDITION WITH ACCESS OF GETTING TO THIS FOREIGN BODY (RAZOR) - I'M SCARED OF WHAT WILL HAPPEN AND MAJOR STRAKER FROM THE PRISON STATED THEY REALLY DIDNT WANT TO TAKE ME BACK TO THE PRISON WITH THAT STILL IN ME AND ME ATTEMPTING SUICIDE 3 TIMES IN 2 WEEKS, AND TWICE IN 16 HOURS. SO DR. JANE DOE SAID SHE LOOK AROUND AND WENT TO GET MEDICAL INSTRUMENTS AND BEGIN LOOKING AROUND, CAUSING UNIMAGINABLE PAIN AND AFTER 5 MINS OR SO SHE WAS ABLE TO LOCATE IT BUT COULDN'T GRIP IT TO GET IT OUT, STATING SHE COULDN'T GET IT AND LOOKED AT THE PRISON STAFF SAID IF HE ~~CAN~~ GET IT - AND HANDED THE HEMOSTATS (HER MEDICAL EQUIPEMENT) TO ME BUT THE HANDCUFFS WERE IN THE WAY SO THE MAJOR OF THE PRISON ORDERED THE HANDCUFFS TO BE TAKING OFF, SO THEY WERE REMOVED WHILE I WAS ABLE TO PERFORM MY OWN EXPLORATION SURGERY TO REMOVE FOREIGN BODY (SHARP OBJECT FROM ABDOMINAL CAVITY THAT WAS 10CM LONG, 3 1/2 CM WIDE, 10CM DEEP. A PATIENT THAT IS VERY SUICIDAL, MENTALLY UNSTABLE. A DR. HANDS A HOSPITALS UTENSILS UNDER THE CARE OF THAT HOSPITAL TO HIM AND ALLOW SUCH THING.

NO DR IN THEIR RIGHT SOUND MIND CAN DO SUCH THING. IN THE PRESENCE OF SEVERAL CORRECTIONAL EMPLOYEES AND VIA VIDEO CAMERA IN HOSPITAL ROOM.

 9-10-24
 GARY TIPTON 764382
 CRL
 P.O BOX 300
 ORIENT, OH 43146

RELIEF

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

PLAINTIFF WILL SEEK JURY DEMAND, PUNITIVE AND COMPENSATORY DAMAGES IN THEIR OFFICIAL AND INDIVIDUAL CAPACITY FOR THE HOSPITALS VICARIOUSLY LIABILITY, STAFFS RECKLESS OR CALLOUS INDIFFERENCE TO MY RIGHTS. THE PAIN AND SUFFERING.

- PUNITIVE DAMAGES -

- OHIO HEALTH GRADY MEMORIAL HOSPITAL (OFFICIAL CAPACITY) \$200,000.00
- DR. JANE DOE (INDIVIDUAL CAPACITY) \$75,000.00
- NURSE JANE DOE (INDIVIDUAL CAPACITY) \$5,000.00

COMPENSATORY DAMAGES

OHIO HEALTH GRADY MEMORIAL HOSPITAL (OFFICIAL CAPACITY) \$50,000.00
 DR. JANE DOE (INDIVIDUAL CAPACITY) \$15,000.00
 NURSE JANE DOE (INDIVIDUAL CAPACITY) \$2,500.00

WRITTEN APOLOGY FROM HOSPITAL AND STAFF INVOLVED.

SIGNED THIS 10TH DAY OF SEPT. 2020.


 SIGNATURE OF PLAINTIFF

| | | |
|----------------------|---------------------|-------------------------|
| Ref# LAECI0220000216 | Housing:N/A | Date Created:02/14/2020 |
| ID#: a764382 | Name:TIPTON,GARY | |
| Form:Appeal | Subject:Health Care | Description:Other |
| Urgent:No | Time left:n/a | Status:Closed |

Original Form

2/14/2020 6:49:57 PM : (a764382) wrote

Incident occurred @ marion correctional inst on 1-25-20 @ approx 7:30 am at Grady Memorial hospital in delaware ohio emergaacy room upon being transorted for seconded suicide attempt in 12 hours i cut myself with razor blades that OSU HOSPITAL refused to remove from my body when i told them that i would if they did not help me mentally and phsically and whent he dr observed me she ordered another ex ray and i told her that it wsnt showing up taht there were one more razor inside my abdominal wound and there was co prince co cain Lt ash the major plus 3 more cos that i dont know by names present from marion correctional inst. when the major authorized the dr and a co to take a hand cuff off so the dr can assost me in removing the razor blde myself but once she couldnt grab it she handed me the hemostats to preform and remove the shape object by myself knowing how suicidal i was the seventh time in a year and 3rd in a week very severe attempts. How can a Dr allow such thing and how can a major of a institute allow such thing amd i am in severe pain and have had nothing for pain A ex ray was done on 1-30-20 and it showed taht a metal oject is still in the wound taht i had prior surgery on on the 16th day of jan.2020
i have right to file these informals because i was on suicide watch from 1-16-20 to 1-5-20 when i was transfered here the next day off watch these amtters need tobe investigated

Communications / Case Actions

2/14/2020 6:49:57 PM : (a764382) wrote

Form has been submitted

2/18/2020 1:48:44 PM : (Lyneal Wainwright) wrote

Mr. Tipton,

Your complaint is against the Doctor at Grady Memorial Hospital our Corrections Officers do not determine your treatment.

L. Wainwright

2/18/2020 1:48:51 PM : (Lyneal Wainwright) wrote

Closed inmate form

2/20/2020 6:34:50 AM : (a764382) wrote

Escalated to Grievance

2/20/2020 6:34:50 AM : (a764382) wrote

i am a inmate of ODRC and i am in the care of the state and OSU is acting as a contract of the state so i have to exualst all my administrative remedies before i a can file with outside agency

3/4/2020 12:40:41 PM : (Kasey Plank) wrote

This office has filed an extension of this grievance. Mr. Tipton is Out to Court at this time.

3/13/2020 2:25:29 PM : (Kasey Plank) wrote

This is a duplicate complaint and is currently being investigated here at Marion Correctional Institution. This office will respond to this complaint in grievance #LAECI0220000215.

3/13/2020 2:25:37 PM : (Kasey Plank) wrote

Closed inmate form - Disposition: Denied

3/13/2020 6:47:02 PM : (a764382) wrote

Escalated to Appeal

3/13/2020 6:47:02 PM : (a764382) wrote

no these are not duplicate incidents please grieve them seperately

5/21/2020 8:14:00 AM : (karen stanforth) wrote

The office of the Chief Inspector is in receipt of your disposition of grievance, original grievance, Informal Complaint Resolution and appeal to this office.

Please be advised that additional time will be required before a decision can be made concerning your grievance. The extension is needed by the writer in order to affect a fair and proper resolution.

5/27/2020 12:19:40 PM : (karen stanforth) wrote

Tipton 764-382

Affirmed.

Ref# LAECI0220000216

Housing:N/A

Date Created:02/14/2020

A review of all relevant medical and restraint records from your ER trips to Marion General, OSU and Grady Memorial Hospitals in the month of January 2020 with focus on 1/24/20) indicate you were treated extensively for multiple repeated self-injurious behaviors where you alleged the swallowing of objects, inserting razor blades in your abdominal cavity after performing a self-incision. Additionally, you have performed superficial and deeper cuts to your wrists. Following my review of the ER records at MCH, I could not validate your allegations of mistreatment by any staff member. There is also no documentation on the officer's logs kept during your ER trips and during your medical treatment at outside facilities to support your claims. The officers did record that you were uncooperative with the medical professionals and called them names while they were trying to help you during these times including your care in the ER at MGH.

The information in your records also indicates you have been evaluated with x-rays at the three hospitals, you underwent surgical exploration at OSU and you have had multiple follow-up x-rays at the hospitals where you received treatment. The results of these x-rays have been inconclusive and inconsistent with locating the presence of a foreign body in your abdomen however the last x-ray performed at MCI on 1/30/2020 did show a foreign body located in the anterior of the abdomen and your ODRC medical providers have continued to monitor your bowel function and vital signs during your appointments to assess for any complications.

I truly hope you can find more positive ways to handle your feelings and try to refrain from hurting yourself as this prevents you from experiencing more helpful MH programming and group therapies. Please do not hesitate to contact your Mental Health providers if you experience future feelings of wanting to do yourself harm so they can address your needs before they rise to this level. The medical and mental health staff are not your enemy but are available to help you 24/7.

Based on my review of your concerns, I am unable to identify any acts of deliberate indifference or negligence concerning your medical care. The ODRC staff have followed the guidelines set forth in 68-MED-01. Therefore, there will be no further action concerning this appeal at this time.

Karen Stanforth, Assistant Chief Inspector, Medical

5/27/2020 12:19:56 PM : (karen stanforth) wrote

Closed inmate form - Disposition: Affirmed with comments